

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155729		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/18/2014	
NAME OF PROVIDER OR SUPPLIER ADAMS HERITAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN 46773			
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 14, 15, 16, 17, & 18, 2014</p> <p>Facility number: 002549 Provider number: 155729 AIM number: 200289420</p> <p>Survey team: Sue Brooker RD TC Julie Call RN Virginia Terveer RN Martha Saull RN (July 15, 16, 17, & 18, 2014)</p> <p>Census bed type: SNF/NF: 47 Total: 47</p> <p>Census payor type: Medicare: 1 Medicaid: 31 Other: 15 Total: 47</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by Debora</p>		F000000	<p>Preparation and execution of this plan of correction does not constitute admission of agreement by the provider of the truth of the facts alleged or the conclusions set forth in the Stmt of Deficiencies rendered by the reviewing agency. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. Adams-Heritage maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of its residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, Adams-Heritage asserts that it is in substantial compliance with regulations governing the operation of LTC facilities, and this plan of correction in its entirety constitutes this provider's allegation of compliance and, thereby, we request resurvey to verify such as of July 22, 2014. Furthermore, we request desk review (paper compliance) for compliance, if acceptable. Completion dates are provided for procedural processing purposes to comply with federal and state regulations, and correlate with the most recent contemplated or accomplished corrective action.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000441 SS=D	<p>Barth, RN.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the</p>			<p>These do not necessarily chronologically correspond to the date that adams-Heritage is under the opinion that it was in compliance with the requirements of participation or that corrective action was necessary. Maria C. Diaz, RN, LHFA Executive Director 1 August 2014</p>			

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	<p>disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview and record review, the facility failed to ensure the glucometers were cleaned with a disinfectant after each use which had the potential to affect 1 of 6 residents reviewed who required glucometer checks. (Resident #44)</p> <p>Findings include:</p> <p>An observation, on 7-16-2014 at 11:23 a.m., indicated Nurse #1 used a glucometer to check Resident #44's blood sugar. Nurse #1 was observed to clean the glucometer after the procedure with a Hygea antiseptic wipe. Nurse #1 indicated the wipe was left surrounding the glucometer for 2 minutes, then removed.</p> <p>An interview with Nurse #2, on 7-16-2014 at 4:05 p.m., indicated the Hygea antiseptic wipe was used to clean the glucometers after use for the Residents' blood sugar checks.</p>	F000441	<p>It is the policy of this provider to establish and maintain an Infection Control Program. 1. What corrective action(s) will be accomplished for those residents found to have been affected by alleged deficient practice? Acceptable sanitizing wipes were obtained for glucometer cleaning on 7/16/14 potentially affecting Resident #44. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? Other residents having the potential to be affected by the same deficient practice would be identified as those with physician orders for blood glucose monitoring. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not occur? Nursing staff was educated regarding the proper sanitizing wipes to use for glucometer cleaning. Central Supply was notified and the proper sanitizing wipes were added to the weekly ordering</p>		07/18/2014		

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	<p>An interview with Nurse #3, on 7-16-2014 at 4:15 p.m., indicated there were 2 glucometers, one for each medication cart. Further interview with Nurse #3, indicated the facility began using the Hygea antiseptic wipes a couple months ago.</p> <p>An interview with the Director of Nursing (DON), on 7-17-2014 at 10:10 a.m., indicated the DON was not aware the Hygea antiseptic wipe was being used for cleaning the glucometers. The DON indicated the Hygea had been in use in the facility around 2 months and the DON indicated the Hygea was not the correct product for cleaning the glucometers.</p> <p>An undated copy of the manufacturer's cleaning instructions for the "ACCU-CHEK Aviva meter" (the type of glucometer used by the facility) provided by the DON on 7-17-2014 at 10:22 a.m., indicated "to...disinfect...with one of these cleaning solutions: Super Sani-Cloth, 70% rubbing alcohol...10% household bleach solution..."</p> <p>A policy "Infection Control Policy for Glucometers", dated 7-8-2014, and provided by the DON on 7-17-2014 at 10:22 a.m., indicated "the hand held glucose meters should be disinfected</p>				<p>manifest.4.How the corrective action(s)will be monitored to ensure the deficient practice will not recur?Director of Nursing will alsomonitor weekly supply manifeststo ensure correct order placementfor sanitizing wipes. Glucometerscleansing with the correct wipeswill be audited on all 3 shifts by the Director of Nursing/designee daily X 3days, weekly X 3 and randomly per month for2 months, then quarterly thereafter. Information gatheredfrom the audits will be forwarded to the QA/PI committee for recommendations.5. By what date the systemic changes will be completed?July 16, 2014</p>		

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F000514 SS=D	<p>after each use...supplies...cleaning solution: Clorox Germicidal wipes or Super Sani-Cloth disposable germicidal wipes are acceptable for use in cleaning the ACCU-Check...system...."</p> <p>3.1-18(b)(1) 3.1-18(b)(2)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure weight records were accurate for 3 residents (Resident #24, Resident #20, and Resident #5) and failed to document the reason for a difference in weight for 1 resident(Resident #65) which had an affect for 4 of 5 residents reviewed for weight loss.</p>		F000514	<p>It is the policy of this providerto maintain clinical records oneach resident that are complete,accurately documented, readilyaccessible and systematically organized.1. What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? Documentation of reason for a difference in weight</p>		07/22/2014	

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	<p>Findings include:</p> <p>1. The clinical record of Resident #24 was reviewed. Diagnoses included, but were not limited to, the following: congestive heart failure (CHF), chronic airway obstruction and chronic kidney disease. The most recent Minimum Data Set (MDS) Assessment, dated 5/29/14, included, but was not limited to, the following: cognition was independent; height 58 inches; weight 99 pounds (lbs.); independent in eating status; and had been taking a diuretic for the last 7 days.</p> <p>A "Weight Tracking System Report" was received from the DON (Director of Nursing) on 7/15/14 at 11 a.m. The report included, but was not limited to, the following weights for 2014: 4/7=98.8 lb.; 5/2=86.8 reweigh; 6/3=87 lb reweigh; 7/3= 99.1 lb reweigh.</p> <p>On 7/17/14 at 3:24 p.m., the Medical Records (MR) LPN was interviewed. She indicated if there was a 2 1/2 lb. weight difference from the previous weekly weight, and more than a 5 lb difference from the previous monthly weight, the resident was to be reweighed. She indicated this "reweigh" was the weight documented in the Weight Tracking System Report. She indicated</p>		<p>regarding resident #5 was completed. Resident #20, #24 and #65 were discharged and/or deceased. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? Other residents that could be affected by the same deficient practice would be those identified with a significant weight loss or weight gain. None were so identified. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Director of Nursing/designee will review weights. Documentation will occur when the resident displays a significant weight gain or loss. The Director of Nursing/designee will request a reweigh. If the loss/gain is significant, nursing will be instructed to document explanation and notification of physician and POA in nursing notes. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur? The weights will continue to be reviewed daily, weekly or monthly by the Director or Nursing/designee. The Director of Nursing will audit the nursing documentation as the significant weight changes occur on an ongoing basis. 5. By what date the systemic changes will be completed? July 22, 2014</p>				

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	<p>the reweights were done the same day as the most recent weight that prompted the need to verify the weight.</p> <p>On 7/18/14 at 10:46 a.m. the Medical Records LPN and DON were interviewed regarding Resident #24. She indicated the following: regarding the physician order to notify the physician if the resident had a gain more than 5 pounds in 5 days, this would include "any 5 day period." At the time, the DON looked in the computer system to see if the physician had been notified of the weight 8.3 lb weight gain in 1 day and she was unable to find documentation the physician had been notified of this. She indicated the first time the physician was notified was on 4/15/14. They indicated the nurse who documented the weight on 4/8/14 of 97.1 lb would have compared it to the weight of 88.8 lbs on 4/7/14. They indicated the nurse who took the weights would then have looked back to the resident's admission weight on 4/7/14, which the Medical Records LPN indicated was 99 lbs, which was documented on another form. The MR LPN indicated the weight of 88.8 lb on 4/7/14 was probably an "entry error" from the nurse who performed the daily weights. The MR LPN indicated the weight of 88.8 lb, could have been corrected to reflect the "actual" admission</p>						

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	<p>weight of 99 lbs. but had not been.</p> <p>2. On 7/18/14 at 9:25 a.m., the MR LPN provided a copy of the "Monthly Weights" for July 2014. This form indicated to "re-weight of (sic) greater than a 5 lb difference." The form included, but was not limited to, the following: For Resident #20, the June Weight was documented as 209.5 lb, July weight as 190.8 lb and the reweight was 197.5 lb. The MR LPN indicated this resident had been monitored with daily weights.</p> <p>3. The "Monthly Weights" form also indicated Resident #5 had the following weights documented: June weight was 97.1 lb; July weight was 86.3 lb and the reweight was 100.4 lbs. The MR LPN indicated the days shift staff always weighed the residents and they try to weigh them in the morning before breakfast. She indicated if the monthly weight "is off" they reweigh the resident again, soon, at least the same day if not immediately.</p> <p>On 7/18/14 at 9:25 a.m., the MR LPN was interviewed regarding Resident #5 and the 14.1 lb increase from the July weight of 86.3 lb to the reweight of 100.4 lb. She indicated this resident was weighed in her wheelchair (WC) and the</p>						

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	<p>100.4 lb weight was probably the weight of the resident and her wc. She indicated the 100.4 lb weight was the correct weight because "it was closest to the June weight." She indicated when the weights were obtained sometimes, there was a subtraction error on the weight records when the CNAs subtract the weight of the wc from the combined weight of the resident and the wc, when the weight was obtained. The MR LPN indicated this resident was on weekly weights.</p> <p>The Medical Records LPN indicated the Registered Dietician (RD) looked at the weights on the "Weight Tracking System" on the computer and if she had a concern, would look at the daily and/or weekly weights which were documented on the TAR (Treatment Administration Record). The Medical Records LPN indicated nursing monitored the daily weights.</p> <p>On 7/18/14 at 10:07 a.m., CNA #10 was interviewed. She indicated she worked the day shift and did weigh residents. She indicated for residents who are usually in their wc, staff weighed the resident in their wc. After the resident was put back to bed, the staff weighed the resident's wc and whatever else they had with them when they were weighed, for example blankets. She indicated they</p>						

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	<p>then subtract the empty weight of the wc from the weight of the resident in the wc to obtain the resident's actual weight. She indicated the actual resident weight was the only one they documented on the weight record.4. Review of the clinical record for Resident #65, on 7/17/14 at 2:31 p.m., indicated the following: diagnoses included, but were not limited to, diabetes mellitus, nausea with vomiting, dehydration, and diarrhea.</p> <p>An Admission Nursing Assessment for Resident #65, dated 3/13/14, indicated an admission weight of 208 pounds with a usual weight of 210 pounds. The assessment also indicated usual food intakes of 100%.</p> <p>Facility weights for Resident #65 indicated the following: 208.20 pounds on 3/13/14, a re-weigh of 180.80 pounds on 3/18/14, 178.60 pounds on 3/21/14, and 176.40 pounds on 3/24/14.</p> <p>A Nutritional Risk Assessment for Resident #65, dated 3/18/14, indicated she received a No Concentrated Sweets diet. The assessment also indicated a height of 67 inches and a weight of 208 pounds with a BMI (body mass index) of 32.</p> <p>A Dietary Progress Note for Resident</p>						

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	<p>#65, dated 3/20/14 and written by the Certified Dietary Manager (CDM), indicated she received a No Concentrated Sweets diet which she fed herself. The note further indicated her admission weight was recorded as 208 pounds and her 5 day weight was 180 pounds, resulting in a 13% weight loss in 5 days. The note also indicated the resident was not sure what she weighed when she came to the facility but knows she did not lose that much weight.</p> <p>A Dietary Progress Note for Resident #65, dated 3/21/14 at 1:43 p.m. and written by the Registered Dietitian, indicated nursing weighed the resident and her weight was 179 pounds. The note did not provide a reason for the difference between her admission weight of 208 pounds on 3/14/14 and the weight of 179 ponds on 3/21/14.</p> <p>There were no additional notes from the CDM or the Registered Dietitian available in the clinical record of Resident #65.</p> <p>The Administrator, the Director of Nursing, and Medical Records were interviewed on 7/18/14 at 11:31 a.m. During the interview they indicated a reason should have been documented for the weight loss after the re-weigh of</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/08/2014
FORM APPROVED
OMB NO. 0938-0391

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	<p>Resident #65.</p> <p>Medical Records was interviewed on 7/18/14 at 11:59 a.m. During the interview she indicated she spoke with the Registered Dietitian. The Registered Dietitian indicated she had not documented the reason for the weight loss.</p> <p>On 7/18/14 at 11:44 a.m. a current copy of the policy and procedure for "Guidelines for Pertinent Charting", dated 5/2010, were received from the DON. This policy included, but was not limited to, the following: "All significant changes in resident status are thoroughly assessed and documented in the resident record based on assessment findings...The nurse is responsible to identify and accurately chart assessment findings in a concise manner...."</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>						